

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 16
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
 Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee
 Planned Parenthood Action Fund of Santa Barbara,
 Ventura and San Luis Obispo Counties

Mailing Address

518 Garden Street

City State Zip Code

Santa Barbara , CA 93101

Purpose of Expenditure

Voter Guide Email

Category/
Type

004

Date

05 / 09 / 2012

Amount

6.02

Name of Federal Candidate Supported or Opposed by Expenditure:

Julia Brownley

Office Sought: ☒ House State: CA
☐ Senate District: 26
☐ President

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

224.49

Disbursement For: ☒ Primary ☐ General
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee
 Planned Parenthood Action Fund of Santa Barbara,
 Ventura and San Luis Obispo Counties

Mailing Address

518 Garden Street

City State Zip Code

Santa Barbara , CA 93101

Purpose of Expenditure

Voter Guide Email

Category/
Type

004

Date

05 / 09 / 2012

Amount

6.02

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Office Sought: ☒ House State: CA
☐ Senate District: 24
☐ President

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

727.61

Disbursement For: ☒ Primary ☐ General
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

San Luis Obispo New Times

Mailing Address

1010 Marsh Street

City State Zip Code

San Luis Obispo , CA 93401

Purpose of Expenditure

Newspaper Ads

Category/
Type

004

Date

05 / 10 / 2012

Amount

94.75

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

869.54

Disbursement For: ☒ Primary ☐ General
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

106.79

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
 (carry total from last page forward to Line 7)

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